1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8659

CERTIFICATE OF DEATH

8640

Reg. Dist. No. 251

1. PLACE OF DEATH
a. COUNTY: Queen Anne — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Chestertown
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Queen Anne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Chestertown
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: John — Middle: — Last: Baker

4. DATE OF DEATH: Month: Aug. — Day: 25 — Year: 19 56

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Nov. 11, 1871

9. AGE (In years last birthday): 81 yrs.
IF UNDER 1 YEAR: Months: — Days: —
IF UNDER 24 HRS.: Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-22-9292

17. INFORMANT: Clifford Baker--Chestertown, Md. RD — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO
(b): Chronic Hypertension
DUE TO
(c): Arterial Sclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): Senility & Senile Asthenia

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) W

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year W 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Feb. 19 55, to Aug 25, 19 56, that I last saw the deceased alive on Aug 23, 19 56, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

ACTUAL SIGNATURE: C H Metcalfe M.D. — ADDRESS (Street, city or town, state): Rid Laverille, Md — DATE SIGNED: 8/25/56

PHYSICIAN'S NAME (Type): C. H. METCALFE

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: Aug. 27
22c. NAME OF CEMETERY OR CREMATORY: Church Hill
22d. LOCATION (City, town, or county) (State): Church Hill, Md.

23. FUNERAL DIRECTOR'S SIGNATURE: Edgar L. Lane — ADDRESS: Church Hill, Md.
24a. REC'D BY REGISTRAR DATE: 8-26
24b. REGISTRAR'S SIGNATURE: Edgar L. Lane

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

B8641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8660

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location) RFD I

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) John (Last) Blackston

4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 1956

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: Feb. 9, 1892

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Georgiana Blackston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 218-09-7

17. INFORMANT AND ADDRESS: Wife - Ophelia Blackston, Grasonville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: 5 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1956, to Aug 13, 1956, that I last saw the deceased alive on Aug 13, 1956 and that death occurred at 8:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Irwin D. Hoff M.D. Queenstown Md. 8/13/56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/16/56 | NAME OF CEMETERY OR CREMATORY Byans Cem. | LOCATION (City, town, or county) (State) Grasonville, Md.

DATE REC'D BY LOCAL REG. 8-14-56 | REGISTRAR'S SIGNATURE Helen M. Aldridge | 24. FUNERAL DIRECTOR ADDRESS James B. Horsfield, Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8661

CERTIFICATE OF DEATH

Reg. Dist. No. 18642 251

1. PLACE OF DEATH
a. COUNTY: Queen Anne — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Barclay
c. LENGTH OF STAY IN 1b: 29 Yrs.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: None

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Queen Anne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Barclay
d. STREET ADDRESS: None
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Anna — Middle: — Last: Brown

4. DATE OF DEATH: Month: 8 — Day: 22 — Year: 1956

5. SEX: Female
6. COLOR OR RACE: Col.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 4/17/ 1872
9. AGE (In years last birthday): 84 yrs.
IF UNDER 1 YEAR: Months: — Days: —
IF UNDER 24 HRS.: Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Tolson
14. MOTHER'S MAIDEN NAME: Debie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT — Address: Helen Davis Barclay, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis due to Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH
560.4
DUE TO
(b): Umbilical Hernia
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO
(c): Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Chronic myocarditis - Arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
W
20c. TIME OF INJURY Hour o. m. p. m. — Month, Day, Year: 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Aug 22, 1956, to Aug 22, 1956, that I last saw the deceased alive on Aug 22, 1956, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

ACTUAL SIGNATURE: C.H. Metcalfe M.D. — ADDRESS (Street, city or town, state): Fredericksville Md — DATE SIGNED: 8/23/56

PHYSICIAN'S NAME (Type): C.H. METCALFE

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: 8/25/56
22c. NAME OF CEMETERY OR CREMATORY: Mt. Zion
22d. LOCATION (City, town, or county) (State): Marydel, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE: F.E. Boulais — ADDRESS: Greensboro, Md.
24a. REC'D BY REGISTRAR DATE: 8-24
24b. REGISTRAR'S SIGNATURE: Edgar L. Lane

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8662

CERTIFICATE OF DEATH

B8643

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O. Box 46 A

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location) P.O. Box 46 A

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) (Last) Caroline

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 8/16/82

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Caroline

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 218-16-2418

17. INFORMANT AND ADDRESS: Ruth C. Conley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio - Vascular Disease	Yrs.
	(c) Nephrosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 55, to Aug., 19 56, that I last saw the deceased alive on Aug. 7, 19 56, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irvin S. Hoyt MD Queenstown, Md. 8/9/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/12/56

NAME OF CEMETERY OR CREMATORY: Chester Cem.

LOCATION (City, town, or county) (State): Chester Md.

DATE REC'D BY LOCAL REG.: Aug 14, 1956

REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8663

CERTIFICATE OF DEATH

B8644

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Centreville
LENGTH OF STAY (in this place): 82 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-CenTreville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susan	Elizabeth	Dukes	Aug.	12	1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W, D or W	June 4, 1874	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Cecil	MARY E. HAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	222-20-6191 D	Mrs Wilson Dukes CenTreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov., 1955, to Aug., 1956, that I last saw the deceased alive on Aug 10, 1956, and that death occurred at 8 45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jno. D. Hoyt MD — ADDRESS: Queenstown, Md. — DATE SIGNED: 8/12/56

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 15, 1956	Greenmount	Greenmount Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/15/56	Elsie Armstrong	Wm. J. Eaton Eaton Bros	Centreville Md

1

10636

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10831 Item 4 FilmG206 11-2-56 et

Reg. Dist. No. 251

1. PLACE OF DEATH
a. COUNTY Q.A. Co MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Centreville

c. LENGTH OF STAY IN 1b

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Maryland b. COUNTY Kent

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall 14X-2

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print) First: OLIN Middle: BRYAN Last: Price

4. DATE OF DEATH Month: 8 Day: 20 (22) Year: 1956

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 2-23-1905

9. AGE (In years last birthday) 51 yrs.

IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor Custodian

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Medford Price

14. MOTHER'S MAIDEN NAME Annie Jacks ~~[illegible]~~

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 219-07-6634

17. INFORMANT Mrs. Bessie Price Address Rock Hall

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation

973.1

DUE TO (b) Tube running from his car exhaust

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (c) Pipe to the inside of his enclosed car.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Key clears he had been missing since 8/20/56

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

MEDICAL CERTIFICATION

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

ACTUAL SIGNATURE H. F. McPherson M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type) H. F. McPherson Asst.

DATE SIGNED 10/21/56

22a. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF Oct. 22

22c. NAME OF CEMETERY OR CREMATORY Wesley Chapel

22d. LOCATION (City, town, or county) Rock Hall (State) Md.

23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane ADDRESS Church Hill Md.

24a. REC'D BY REGISTRAR DATE 10-21

24b. REGISTRAR'S SIGNATURE Edgar L. Lane

VS. A15ME(5)
5M 9/55

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH

8664

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08645

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hollywood - COUNTY Broward Co Fla
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1918 Plunkett St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Louis	Ungolo	Aug	30	1956

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, WI~~DOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White		10/7-1941	14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		new york	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Ungolo	Josephine Talerico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Louis Ungolo - Hollywood Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto accident - Car + truck in head on Collision

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken neck - fracture upper jaw + right leg

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		State Highway - near Centreville		Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
8-30-1956 2 P.M.		Car + truck in Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D - Deputy Med Exam for 2 A Co. Md — Centreville md — 8/31-56

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Sept 5-1956	St Marys	Rye New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31/56	Elsee Armstrong	W. Edward Butler, Butler Bros	Centreville Md

MARYLAND STATE DEPARTMENT OF HEALTH

08646

8665

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY Hollywood-Broward Co-Fla; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 1918 Plunkett St

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Ungolo

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 19 56

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: 2/7-08

9. AGE last birthday: 48 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): new York

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: Wm Tolasco

14. MOTHER'S MAIDEN NAME: Nata Carrera Carriero

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Louis Ungolo (Husband) Hollywood Fla

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Auto accident - Car & truck Collided head on

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken neck.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State highway | (CITY OR TOWN) near Centreville | (COUNTY) 2 a | (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY 8 30 1956 2 P.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Car & truck in Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. Henry Fisher M. D. - deputy Med. Exam for 2 a Co-Md | ADDRESS Centreville Md | DATE SIGNED 8/31-56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 5-1956 | NAME OF CEMETERY OR ~~CREMATORY~~ St Marys | LOCATION (City, town, or county) (State) Rye New York.

DATE RECD BY LOCAL REG. 8/31/56 | REGISTRAR'S SIGNATURE Elsee Armstrong | 24. FUNERAL DIRECTOR ADDRESS W. Edward Baxter, Baxter Bros Centreville Md.

VS. A15A